



# Collaborative Screening: Guidance For Person-Centered Inquiry

Virtual Learning Event

Session 3: Friday, June 25, 2021, 9am -12pm



# **COLLABORATIVE SCREENING**

Guidance for Person-Centered Inquiry

## Collaborative Screening

Washington Association for Community Health

June 21 • 23 • 25

2021

# Learning Objectives


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- Explore the power of empathy, and the difference between empathy, sympathy and identifying
- Describe the design principles and behavioral guidance for conducting person-centered screening and referral system design
- Develop a workplan to establish or improve a person-centered approach to screening and referral at your health center
- Learn from peers about different approaches across health centers



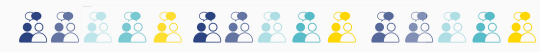
# Empathy

**Group Agreements**

- Share, listen, participate
- Take care of yourself
- Stand up
- Step out
- Respect others—limit distraction
- Be gentle on yourself and others
- Roll up your sleeves and practice




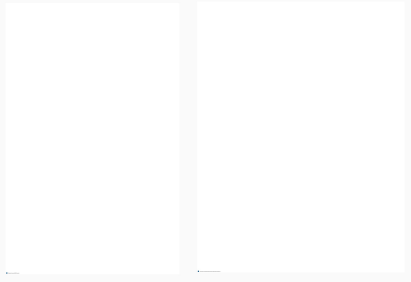
**Empathy, Sympathy, Identifying and Self-Care**

Host		Natalia	
Reporter		Anna	
Adam Lee		Susan Nichols	
Ellen		Roger	
Teresa Chavez		Luis Hidalgo	
Manuel Rivera		John	
Emily Anderson		Thank you, volunteers!	



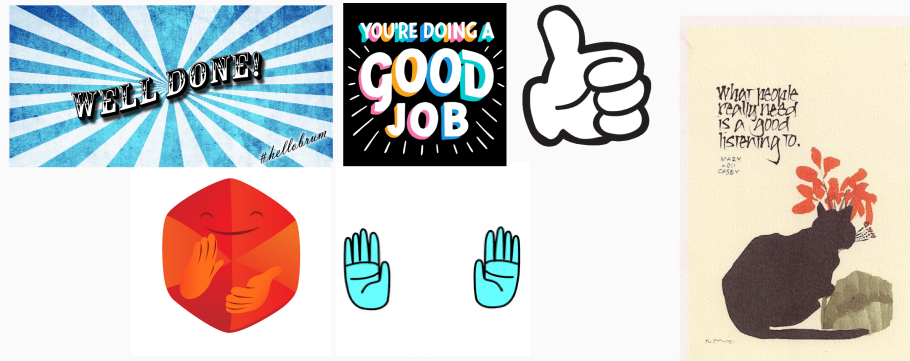
**Person-Centered Workflows and Organizational Systems**

**Evaluation**



**Report Out**

# Empathy

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## Four Attributes of Empathy

Wiseman, T. (1996). A concept analysis of empathy. *Journal of Advanced Nursing*, 23, 1162-1167.

- See the world as others see it.
- Understand another's current feelings
- Remain non-judgmental
- Communicate the understanding

### Strengths

- Demonstrates listening and creates the feeling of being heard.
- Shows the speaker that the listener honors and cares about their experience.
- creates a feeling of connection by conveying attentiveness and curiosity, even if the listener does not share the experience of the speaker.

### Limitations

Shared experience can be very powerful, and empathy may not always be able to bridge that gap.

# Sympathy

Feelings of pity and sorrow for someone else's misfortune.

<https://en.oxforddictionaries.com/definition/sympathy>

“Each person's grief has its own fingerprint. Every journey of sorrow has a unique map. Hearts will heal on their own timetable. Never presume to know how others should deal with their pain.”

– John Mark Green

## Strengths

- Conveys caring and shows the speaker that the listener is moved by their experience.
- Even when we are powerless to change someone else's suffering, expressing sympathy show others that we share in their sorrow.

## Limitations

- Sympathy changes the conversation to be about the emotional experience of the listener.
- In an attempt to relieve the listener, many people feel compelled to respond to any expression of sympathy with, “Its ok, I'm fine.”
- Sympathy may also come across as the listener's pity, suggesting a lack of confidence in the personal agency and empowerment of the speaker.

# Identifying

Process by which one ascribes to oneself the qualities or characteristics of another person.

<http://www.dictionary.com/browse/identification>

“To sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing recognition that it is *as if* I were hurt or pleased and so forth. If this "as if" quality is lost, then the state is one of identification.”

– Carl Rogers

## Strengths

- Shared experience can pierce feelings of isolation and be a powerful source of comfort during a hard time.
- Hearing, “I’ve been there too,” can quickly create strong feelings of trust and companionship.

## Limitations

- There will always be people with whom this method for emotional connection is not possible.
- The emphasis on shared experience may weaken interpersonal boundaries and leave the listener more vulnerable to secondary trauma.
- Identifying shifts the focus of the conversation to the listener.
- May lead to assumptions or misplaced advice.

# Creating Person-Centered Organizational Systems

Radio Play





**Patient Support Questionnaire**

Patient Initials: \_\_\_\_\_  
Date of Service : \_\_\_\_\_

Health starts – long before illness – in our homes, schools, and jobs. The more we know about you the health care we can provide. We want to support your health and wellness.

Please **circle** the areas you would like assistance with. We cannot guarantee assistance in all areas, but we best to respond to your priorities.

I am having a hard time getting access to and/or paying for:

HOUSING 	UTILITIES (electricity, phone, heat, etc) 	FOOD 	PHYSICAL SAFETY 	MENTAL HEALTH 
TRANSPORTATION 			HEALTH INSURANCE 	LEGAL ASSISTANCE 
EMPLOYMENT 			SOCIAL SUPPORT 	
MATERIAL GOODS (clothing, furniture, school supplies, etc) 	HEALTH SUPPLIES (medical equipment, glasses, medicine, etc) 	EDUCATION 	CHILD CARE 	

**Patient Support Questionnaire**

Patient Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Health starts in our homes, schools, and jobs. When we know more about you, we can provide better care to support your health and wellness.

1. Please mark the areas you would like more information or assistance with.  
*We cannot guarantee help in all areas, but will do our best to respond to your priorities.*

- |  |   |
|--|---|
| <input type="checkbox"/> Housing   | <input type="checkbox"/> Social Support   |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Employment  | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Material Needs<br>(clothes, glasses, diapers, furniture, etc) | <input type="checkbox"/> Dental Health    |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Food             |
| <input type="checkbox"/> Childcare   | <input type="checkbox"/> Utilities        |

2. If you would NOT like to be contacted by a member of your health care team about this form check here

3. If you would like to be contacted, please share the best way to connect you (your phone number, email, or address).

\_\_\_\_\_

# A CHC Success Story

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# Rogue's Empathic Inquiry Intervention

**CHW scrubs schedules on a daily basis**

- CHW will check the schedule to see if patients have been screened in EMR

**Front desk gives patients an SDH brief screen document**

- Before the appointment, patients are given a SDH brief screener to select social needs priorities to share with their care team.

**MA collects SDH brief screener and charts response in EMR**

- If patient indicates needs to share, the MA will IM the CHW of the day. If available, the CHW responds to the MA to request a warm connection

**CHW introduces themselves**

- CHW explains their role on the care team and asks permission to schedule an appointment to conduct a full PRAPARE assessment

**CHW schedules a follow up appointment**

- If patient accepts, CHW asks when they'd like to meet and how they'd like to be reached

**Full PRAPARE assessment.**


- During the appointment, the CHW will conduct the full PRAPARE assessment using the Empathic Inquiry approach, enters responses in EMR and connect to resources when possible

# Evaluation

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# Team Report-Out




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**Person-Centered Workflows and Organizational Systems**





**Report Out**





**Evaluation**

















# Quick Poll

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How confident do you feel about your approach to screening patients for social needs and other health risk factors?





Washington  
Association for  
Community Health



# THANKS



Link to slides will be emailed

EVENT EVALUATION

Click on link in CHAT BOX to fill out Event Evaluation

Questions/Comments

Contact Patricia Gepert ([pgepert@wacommunityhealth.org](mailto:pgepert@wacommunityhealth.org))